

**Appendix C:
Tenant File Review Checklist
Worksheets**

Davis Case Study

Tenant File Review Checklist Worksheets
Rental Integrity Monitoring Post-Test
Davis Case Study

B. Annual Income and Assets Worksheet

Assets Table:

	Family Member	Type of Asset	Date of Verification	Net Cash Value of Asset	Anticipated Actual Asset Income
1.a.	David	Stocks	5/2/2003	\$ 5,580	\$ 300
b.	David	Land	5/4/2003	\$ 3,700	\$ 0
c.					\$
e.	Dustin	Savings	5/1/2003	\$ 850	\$ 15
f.				\$	\$
g.				\$	\$
h.				\$	\$
2.	Totals:			\$ 10,130	\$ 315
3.	Current Passbook Rate:			2 %	
4.	Imputed Asset Income (Total Net Cash Value > \$5000):			\$ 203	
5.	Final Asset Income (larger of Total Anticipated Actual Asset Income or Imputed Asset Income):				\$ 315

NOTES

Stocks – David:

Gross value of stock on 4/30/2003: **\$ 6,000**
 Brokerage fee for selling stock: $\$ 6,000 \times 7\% = \420
 Net Cash Value of stock: $\$ 6,000 - \$ 420 = \$ 5,580$
 Anticipated income from stock: $\$25/\text{month} \times 12 \text{ months} = \300

Land – David:

Market Value of Land: **\$ 3,875**
 Sales Charge: **\$ 175**
 Net Cash Value of Land: $\$ 3,875 - \$175 = \$ 3,700$
 Anticipated Actual Income from Land: **\$ 0**

Savings – Dustin:

Ending Balance: **\$ 850**
 Interest Rate: **1.75%**
 Anticipated Actual Income from Savings: $\$ 850 \times 1.75\% = \15

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B. Annual Income and Assets Worksheet (continued)

Annual Income Table:

	Family Member	Type of Income	Date of Verification	Income Rate	Annualized Income	Income Excluded	Income After Exclusions
1.a.				\$	\$	(\$)	\$
b.	Delilah	Wages	5/1/2003	\$ 75/week	\$ 975	(\$ 0)	\$ 975
c.				\$	\$	(\$)	\$
d.	Dustin	Wages	5/1/2003	\$ 6/hour	\$ 1,575	(\$ 1,095)	\$ 480
e.				\$	\$	(\$)	\$
f.				\$	\$	(\$)	\$
g.				\$	\$	(\$)	\$
h.				\$	\$	(\$)	\$
i.				\$	\$	(\$)	\$
j.				\$	\$	(\$)	\$
k.				\$	\$	(\$)	\$
2.	Total:						\$ 1,455
3.	Final Asset Income (from Asset Table):						\$ 315
4.	TOTAL ANNUAL INCOME:						\$ 1,770

NOTES

Income - Delilah

Seasonal farm work, verified at \$5.00/hour, \$75/week. Average hours worked estimated at 13-17 hours/week, or 70 hours/month. Note on verification indicates that Delilah expected to work 13 weeks in the year. Using the weekly rate, income calculated as:

$$\$75/\text{week} \times 13 \text{ weeks} = \$ 975$$

Income - David

Income rate of \$6.00/hour, 8.5 – 9 hours per week, 30 weeks per year.

$$\$6/\text{hour} \times 8.75 \text{ hours} \times 30 \text{ weeks} = \$ 1,575$$

Count the first \$480 of income received by full-time student.

$$\$ 1,575 - \$ 1,095 \text{ exclusion} = \$ 480$$

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C. Dwelling Unit / Utility Allowance Worksheet

Utility Allowance Table:

Utility		Type	Scheduled UA		Utility		Scheduled UA
Heating	Electric	\$ 57			Trash	\$ ----	
Cooking	Electric	\$ 9			Air Conditioning	\$ ----	
Water Heating	Electric	\$ ----			Range	\$ ----	
Other Electric		\$ ----			Refrigerator	\$ 12	
Water		\$ 41			Other:	\$ ----	
Sewer		\$ 21			Other:	\$ ----	
Total Utility Allowance for dwelling unit (if none, enter \$0):						\$ 140	

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D. Adjusted Income Worksheet

Dependent Deduction:

1.a. Total number of dependents in Family: **1**

b. **Dependent Deduction** (Total number of dependents X \$480): **\$ 480**

Elderly / Disabled Family Deduction:

	Yes	No	Unclear
2.a. Family qualifies as "Elderly" or "Disabled" family?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If "Yes", enter \$400 Elderly / Disabled Family Deduction . If "No", enter \$0:	\$ 400		

Medical Expenses

	Family Member	Medical Expense Description	Date of Verification	Annual Expense Amount
3.a.				
b.	David	Outstanding balance with pharmacy (expected to be paid off in entirety this reexam year)	5/11/2003	\$ 332
c.				\$
f.				\$
4.	Total Annual Medical Expense:			\$ 332

NOTE on Medical Expenses:

Cubzide Pharmacy states that out-of-pocket prescription costs for the prior year totaled \$562. However, Cubzide Pharmacy also states that David Davis is not currently purchasing any prescriptions not fully covered by the government. So, no prescription expenses are anticipated for the 12-month period following the effective date of the reexamination.

Cubzide Pharmacy states that Mr. Davis has an outstanding balance of \$332, which he is paying in monthly installments. The pharmacy expects this balance to be paid by the end of the year (i.e., 12/31/2003). So, it appears that the entire balance of \$332 will be paid in the 12-month period following the effective date of the reexamination.

Disability Assistance Expenses

	Family Member	Disability Assistance Expense Description	Date of Verification	Annual Expense Amount
5.a.				\$
b.				\$
c.		NONE		\$
d.				\$
e.				\$
6.	Total Annual Disability Assistance Expenses:			\$ 0

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D. Adjusted Income Worksheet (continued)

Medical / Disability Assistance Expenses Deduction:

		Yes	No	Unclear
7.	Three (3) percent of Annual Income (Annual Income Table Line 4. x 0.03):	\$ 53		
8.a.	Family includes both "disabled" family member(s) and employed family member(s)?	√		
b.	Family incurs disability assistance expenses to enable family member(s) to be employed?		√	
c.	Amount of disability assistance expenses that are unreimbursed & reasonable:	\$ 0		
9.	Line 8.c. minus Line 7. :	\$ 0		
<ul style="list-style-type: none"> If result is a negative number <u>and</u> Line 2.a. is "Yes", copy amount from Line 8.c. If result is a negative number <u>and</u> Line 2.a. is "No", enter \$0 				
10.	Amount of employment income made possible by disability assistance expenses:	\$ 0		
11.	The <u>lower</u> amount of Line 9. or Line 10. :	\$ 0		
<ul style="list-style-type: none"> If Line 8.c. is less than Line 7. <u>and</u> Line 2.a. is "Yes", copy amount from Line 9. 				
12.	If Line 2.a. is "Yes", amount of <u>unreimbursed</u> medical expenses for entire family:	\$ 332		
13.	Sum of Line 11. and Line 12. :	\$ 332		
14.	Medical / Disability Assistance Expenses Deduction:	\$ 279		
<ul style="list-style-type: none"> If Line 8.c. = \$0, subtract Line 7. from Line 13. If negative result, enter \$0 If Line 8.c. is less than Line 7., subtract Line 7. from Line 13. If negative result, enter \$0 If Line 8.c. is greater than or equal to Line 7., enter amount from Line 13. 				

Child Care Expenses

	Family Member	Child Care Expense Description	Date of Verification	Annual Expense Amount	
15.a.				\$	
b.				\$	
c.		NONE		\$	
d.				\$	
e.				\$	
16.	Total Annual Child Care Expenses:				\$ 0

Child Care Expenses Deduction:

		Yes	No	Unclear
17.a.	Family includes member(s) under age 13?		√	
b.	Amount of unreimbursed, reasonable child care costs incurred by family:	\$ 0		
18.a.	Family has any member(s) employed?	√		
b.	Child care costs enable member(s) to be employed?		√	
c.	Amount of employment income enabled by child care costs:	\$ -----		
d.	Amount on Line 17.b. , not to exceed amount on Line 18.c.	\$ -----		
19.a.	Family has any member(s) furthering education?	√		
b.	Child care costs enable member(s) to further education?		√	
20.	Child Care Expenses Deduction:	\$ 0		
<ul style="list-style-type: none"> Where both Line 18.a. <u>and</u> Line 18.b. are "Yes", enter amount from Line 18.d. Where Line 18.a. is "No", but Lines 19.a. <u>and</u> 19.b. are "Yes", enter amount from Line 17.b. 				

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D. Adjusted Income Worksheet (continued)

~~P.H. Permissive Deductions~~

21.a.				\$
b.				\$
c.				\$

22. PH: Total Permissive Deductions: \$

23. Total Annual Income: \$ 1,770

24. Total All Deductions: \$ 1,159

25. TOTAL ADJUSTED INCOME = Line 23. minus Line 24.: \$ 611

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F. Section 8 HCV Rent and HAP Worksheet

Total Tenant Payment (TTP)

1.a.	Monthly Income (Annual Income ÷ 12):	\$ 148
b.	10% of Monthly Income (Line 1.a. X 0.10):	\$ 15
c.	Monthly Adjusted Income (Adjusted Income ÷ 12):	\$ 51
d.	30% of Monthly Adjusted Income (Line 1.c. X 0.30):	\$ 15
e.	Welfare Rent (if applicable):	\$ NA
f.	Minimum Rent:	\$ 25
g.	"Enhanced Voucher" Minimum Rent (if applicable):	\$ NA
2.	TOTAL TENANT PAYMENT (TTP)	\$ 25

• Highest of Line 1.b., 1.d., 1.e., 1.f. or 1.g.

Payment Standard

Recent Admission / Mover / Portability-In / Enhanced Voucher Family:

3.	Payment Standard :	\$ -----
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Reexamination Family:

		Yes	No	Unclear
4.	Current Payment Std. based on:			
	a. actual unit size:	\$ 1,115		
	b. subsidy std.:	\$ 1,115		
5.	Prior Payment Std. based on:			
	a. actual unit size:	\$ 1,115		
	b. subsidy std.:	\$ 1,115		
6.a.	Based on actual unit size – current Pay. Std. <i>increased</i> or <i>remained the same</i> over prior Pay. Std.?	√		
b.	If "Yes", record <u>Current</u> reexam Payment Std., based on actual unit size, from Line 4.a.	\$ 1,115		
c.	If "No", record <u>Prior</u> reexam Payment Std., based on actual unit size, from Line 5.a.	\$		
7.a.	Based on subsidy std. – current Pay. Std. <i>increased</i> or <i>remained the same</i> over prior Pay. Std.?	√		
b.	If "Yes", record <u>Current</u> reexam Payment Std., based on subsidy std., from Line 4.b.	\$ 1,115		
c.	If "No", record <u>Prior</u> reexam Payment Std., based on subsidy std., from Line 5.b.	\$		
8.	Payment Standard :	\$ 1,115		

Gross Rent and Total HAP

9.	Rent to Owner:	\$ 950
10.	Utility Allowance:	\$ 140
11.	Gross Rent (Line 9. + Line 10.):	\$ 1,090
12.a.	Payment Standard (Line 3. or Line 8.) minus TTP (Line 2.):	\$ 1,090
b.	Gross Rent (Line 11.) minus TTP (Line 2.):	\$ 1,065
c.	Total Housing Assistance Payment (HAP) = Lowest of Line 12.a. or Line 12.b. :	\$ 1,065

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F. Section 8 HCV Rent and HAP Worksheet

Family Rent to Owner and HAP to Owner (Non-prorated)

Recent Admission / Mover / Portability-In Family:

13.a.	40% of Monthly Adjusted Income (Line 1.c. x 0.40):	\$ -----
b.	Total Family Share of Rent = (Line 11. minus Line 12.c.) <= Line 13.a.	\$ -----

Reexamination / Enhanced Voucher Family:

14.	Total Family Share of Rent = Line 11. minus Line 12.c. :	\$ 25
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15.	HAP to Owner (Lowest of Line 9. or Line 12.c.):	\$ 950
16.	Family Rent to Owner (Line 9. minus Line 15.):	\$ 0
17.	Utility Reimbursement = Line 12.c. minus Line 15., not to exceed Line 10. :	\$ 115

Family Rent to Owner and HAP to Owner (Prorated)

18.	Total Non-prorated HAP (Line 12.c.):	\$
19.a.	Total Number of family members:	
b.	Number of family members eligible for prorated rent subsidy	
20.	Total Prorated HAP = (Line 18. ÷ Line 19.a.) X Line 19.b. :	\$
21.	Prorated Family Share of Rent (Line 11. minus Line 20.):	\$
22.	Prorated Family Rent to Owner (Line 21. minus Line 10.):	\$
23.	Prorated HAP to Owner:	\$

- Line 9. minus Line 22., if Line 22. is positive
- Line 9., if Line 22. is negative